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APPLICANTS

Mark Zoller, San Diego, CA;
 Xiaodong Li, San Diego, CA;
 Lena Staszewski, San Diego, CA;
 Shawn O'Connell, Encinitas, CA;
 Sergey Zozulya, San Diego, CA;
 Jon Elliot Adler, San Diego, CA;
 Hong Xu, San Diego, CA;
 Fernando Echeverri, Chula Vista, CA;

**** CONTINUING DATA *******

This application is a DIV of 10/179,373 06/26/2002 which is a CIP of 10/035,045 01/03/2002 PAT 7,241,880
 and is a CIP of 09/897,427 07/03/2001 PAT 6,955,887
 and is a CIP of 09/799,629 03/07/2001 PAT 7,244,835
 and claims benefit of 60/300,434 06/26/2001
 and claims benefit of 60/304,749 07/13/2001
 and claims benefit of 60/331,771 11/21/2001
 and claims benefit of 60/339,472 12/14/2001
 and claims benefit of 60/372,090 04/15/2002
 and claims benefit of 60/374,143 04/22/2002

*M 10.4.07***** FOREIGN APPLICATIONS ********none M 10.4.07***IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 08/09/2004

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|---------------------------------|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 15 | TOTAL CLAIMS 36 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> | | | | |
| Verified and Acknowledged | <i>Larsen</i> Examiner's Signature | Initials | | | |

ADDRESS

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TITLE

ISOLATED (T1R2/T1R3) SWEET TASTE RECEPTORS THAT RESPOND TO SWEET TASTE STIMULI

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| FILING FEE RECEIVED 1369 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
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